

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>JB</i>	<i>7533</i>	
O.I.P.E. CLASSIFIER		<i>12</i>	<i>11/8</i>
FORMALITY REVIEW	<i>T.A.</i>	<i>5C 844</i>	<i>12/10/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	0
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10	0
11	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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